

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009133
STATE FILE NUMBER

MAR 30 1959

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

55

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton 04020	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2005 Lulu St.		d. STREET ADDRESS (If outside, give location) 2005 Lulu St.	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HARRISON HIGGINS		4. DATE OF DEATH Month Day Year Mar. 23, 1959	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1867
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		9b. KIND OF BUSINESS OR INDUSTRY grocery	9c. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY grocery	10c. BIRTHPLACE (City and state or country) Missouri
11a. FATHER'S NAME Napoleon Higgins		11b. MOTHER'S MAIDEN NAME Nancy	
12a. NAME OF HUSBAND OR WIFE Ella Higgins		13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
14. SOCIAL SECURITY NO. none		15. INFORMANT Address Mrs. Ella Higgins, 2005 Lulu St. Trenton, Mo.	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal Pneumonia		17. INTERVAL BETWEEN ONSET AND DEATH about 48 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis indefinite		DUE TO (c) 4500	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec. 4-1950 to March 23-1959 Death occurred at 8:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		21b. ADDRESS Trenton, Mo.	
22a. SIGNATURE (Degree or title) G. H. Houllers M.D.		22b. DATE SIGNED 3-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 26, 1959	
23c. NAME OF CEMETERY OR CREMATOR I.O.O.F.		23d. LOCATION (City, town, or county) (State) Trenton, Missouri	
24. FUNERAL DIRECTOR Donald S. Slater		25. DATE RECD. BY LOCAL REG. 3-26-59	
26. REGISTRAR'S SIGNATURE Dorothy Fair			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Samuel H. Slater*
Licensed Embalmer No.

P. O. Address ...Trenton, ...Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.